

Vision to Action

Health Research Summit 2004 Report

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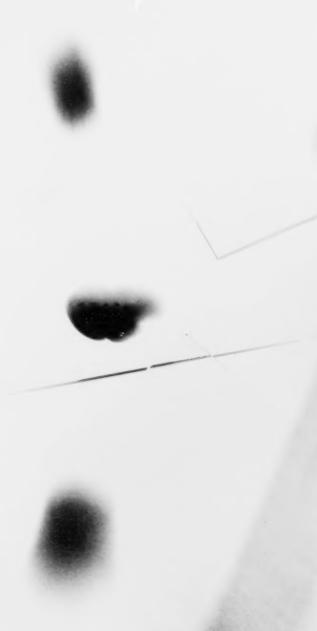
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Health Research Summit Saskatoon, Saskatchewan December 2, 2004

Credits

The success of Saskatchewan's Health Research Summit was due to the hard work and dedication of a number of individuals. First, a great deal of credit goes to the Summit Planning Committee: SHRF Board members Liz Harrison, Murray Knuttila, Shauna Hudson, and Louis Delbaere; SHRF staff June Bold, Lori Ebbesen, Suzanne Cornforth; University Co-ordinator of Health Research, Bruce Waygood; and Mark Wyatt from Saskatchewan Health. The planning committee worked closely with facilitator Ross Ramsey from Vancouver, who provided invaluable guidance and preparatory work to make the Summit a very focused event that would inform participants on the Health Research Strategy. Special credit also goes to SHRF support staff and Concepts 3 Graphic Design and Public Relations for event coordination and logistical arrangements. The Radisson Hotel is also to be commended for their service and facilities. And last, but certainly not least, the Summit delegates deserve major recognition for dedicating a whole day from their busy schedules to debate and reflect on Saskatchewan's strategic directions for health research. Their valuable input will help SHRF further refine the priorities and advance the Strategy.

Saskatchewan Health Research Foundation March 2005



1 Summit Overview

Saskatchewan's first-ever Health Research Summit (2004) was attended by more than one hundred leading thinkers and decision-makers from Saskatchewan's universities, health system, government, charitable sector, community organizations and private sector. Held on December 2, 2004 at the Radisson Hotel in Saskatoon, the Summit was a "think-tank"

session for moving Saskatchewan's Health Research Strategy from a vision to an action. Although SHRF is mandated to play a strong leadership role in the delivery and implementation of the Strategy, it will be doing this in partnership with others. SHRF invited individuals from many sectors to discuss the Strategy and provide input about further refining some of the priority areas.

The Summit was the official launch of the implementation stage of Saskatchewan's *Health Research Strategy* continuing with the consultative approach from which the Strategy was developed.

The day opened with words of wisdom from a number of key speakers. Saskatchewan's Minister of Health, John Nilson, encouraged all participants to be visionaries and think of creative ways to translate and connect all of the health research

that is occurring in the province back to the communities. Nilson also spoke of the high caliber and quality of the researchers and health research in Saskatchewan.

"The caliber of our people and our research is one of our greatest strengths; understanding our strengths provides a foundation from which we can build upon."

"The caliber of our people and our research is one of our greatest strengths; understanding our strengths provides a foundation from which we can build upon."

- John Nilson Minister, Saskatchewan Health

SHRF Board Chair Liz Harrison echoed many of Nilson's comments, noting that the Summit discussion would identify ways that the many stakeholders in health research could work together. Pauline Rousseau of Saskatchewan Health provided an overview of the purpose, goals, and key actions of the Health Research Strategy. SHRF CEO June Bold spoke about the environment in which the Strategy will unfold in the province, noting both its challenges and opportunities.

All of the opening session speakers emphasized the importance of the Strategy for focusing resources to increase health research in the province, leading in turn to greater benefits for Saskatchewan citizens.



2 Group Discussions

The Summit Planning Committee recognized the potential of having such a large amount of creative "brain power" in one place. To maximize the opportunity, the committee decided to break participants into small groups to discuss the health research priorities and identify key actions to address them. The group topics were chosen based on four criteria that would:

- 1. help move the Strategy forward;
- embrace SHRF's identification of four top early action areas from within the Strategy: Aboriginal people's health; rural and remote health services; determinants of health; and knowledge translation;
- 3. be relevant to all Summit participants, creating a "home" for their interests and expertise;
- reflect the Saskatchewan context but also recognize the broader research environment and opportunities outside of the province.

This resulted in nine discussion groups. Five groups tackled questions about health research priority areas, including Aboriginal people's health, rural and remote health services, determinants of health (related to infectious disease), determinants of health (related to chronic disease), and synchrotron-based health research. Two other groups focused on ways to foster knowledge transfer, one looking at health-related issues and the other contemplating commercial applications. The final two groups addressed the challenging issue of health research capacity, in general, and in clinical research in particular.

The questions posed to Summit participants relate directly to the strategic themes of the *Health Research Strategy*, shown in the first column of Table 1. The groups each had one hour to discuss their questions and report back to the plenary of all Summit delegates. Their input is summarized in the tables on the following pages.

Table 1: Strategic Themes and Related Group Discussion Questions

	Discussion Group Form		
Establishing Health Research Priority Areas	Group 1: Aboriginal people's health Group 2: Rural and remote health services Group 3: Determinants of health – infectious disease Group 4: Determinants of health – chronic disease Group 5: Synchrotron-based health research	What are the top three research priorities for your topic of discussion? Identify three critical action steps for each priority.	
Applying what we learn, or Knowledge Transfer	Group 6: Knowledge Transfer – health related Group 7: Knowledge Transfer – commercial	What are the top three challenges preventing us from achieving success in [this area]?	
Building Health Research Capacity	Group 8: Capacity – clinical research Group 9: Capacity – health research human resources	What are the three major existing strengths that we can leverage to achieve success in [this area]?	
		What are the action's top three priorities?	

GROUP #1 Aboriginal People's Health

Top Research Priorities	Critical Action Steps						
1. Policy Research							
Jurisdictional issues and models	Offer training and capacity development through the establishment of an Aboriginal policy research training program						
 Systemic governance and improvement 	Compile a historical and structural analysis synthesis						
 National and provincial relationships and funding mechanisms 	Develop community organizational links and supports, perhaps through a funded position						
2. Public Health							
 Specific concerns: children's health, injuries, chronic and infectious diseases, mental health and addictions, housing 	Foster Aboriginal leadership by lobbying for an Aboriginal public health agency						
Health impacts of migration from reserve to urban areas and vice-versa	Create health measurement systems that "make sense" and that support inter-agency collaboration						
Conceptualization of health	Increase the ability to understand and respond to community priorities through community/agency consultation						
3. Knowledge Transfer							
• New models	Link biomedical and social science research activity with communities						
Culturally appropriate means	Support new and ongoing research that reflects community systems (e.g., community-based health promotion)						
Processes for community input	Create forums for dialogue between students, academics, agencies and front-line providers						

Research related to Aboriginal people's health needs to: be inclusive and respectful of community input; honor Aboriginal leadership and representation; build capacity; and be action-oriented toward improving health outcomes.

GROUP #2 Rural and Remote Health Services

Top Research Priorities

Critical Action Steps

NOTE: Action steps identified are complementary to the research priorities (i.e., not subsets)

1. Access vs. Quality

Clinical Services

• Implementation of primary health care

Evaluate existing models of care with attention to specific skills and the access issue. Develop and evaluate new, innovative models of care that:

- Integration of physical and mental health care and services
- · Respect 'unique' rural issues
- Delivery of secondary and tertiary care
- Are culturally appropriateMay cross jurisdictional barriers

2. Transitions & Continuity of Care

Population Health

Current practices

Develop methods to communicate engagement in health with an emphasis on the broader social context

New models

Nurture community and academic partnerships

- New pathways
- Ways to maximize continuity

3. Human Resources

 Resource base – professional and community (clients, family caregivers, allied health workers)

Optimum use of health human resources

- Skill mix
- · Continuing education
- Matching needs of community

Systems

Understand the skill mix in rural and remote areas, both historically and the current changes required to accommodate new and emerging roles

Implement and evaluate continuing education to meet the needs in this unique context and to establish 'best practices'

Rural and remote areas present a unique context. There is heterogeneity of communities, each having its own strengths and challenges. Research needs to reflect a community development approach that engages communities in the research process and in developing new models of health care.

GROUP #3 Determinants of Health Infectious Disease

Top Research Priorities Critical Action Steps

1. Prevention and Education

Precautions
 Engage partners, including the Human Services Integration

Forum (HSIF)

Care strategies

Work in alignment with the new Public Health Agency of

Canada

Establish social networks within communities and throughout

the province

2. Infection Control

Susceptibility
 Engage in 'upstream' research on causes of infectious

diseases (predisposing factors)

• Treatment

Special populations
 Capitalize on research opportunities (e.g., about zoonotic infections through the Western College of Veterinary

infections through the Western College of Veterinary Medicine and vaccine-preventable diseases through VIDO)

Balance research priorities with implementation/care priorities

Foster relevant research between researchers and clinicians in

this province

3. Knowledge Transfer

• Means of rapid communication

• Strategies relevant to various Seek novel ways to reach rural, remote and Aboriginal communities

communities communities (e.g., First Nations, rural)

Work with First Nations' communities and leaders

Evaluate new strategies within communities

Saskatchewan threats related to infectious diseases are both 'new' and emerging, as well as re-emerging, 'old' and drug-resistant.

GROUP #4 Determinants of Health - Chronic Disease

Top Research Priorities

Critical Action Steps

1. Economic Equality and Bridging Disparities

Poverty Conduct research to inform policy change

Access
 Implement research outcomes

Synthesize knowledge transfer and encourage utilization

2. Targeted Populations

Seniors
 Focus on longitudinal, generational and lifespan issues

Rural/remote Involve communities in establishing priorities

First Nations

• Youth

3. Predicting Vulnerable Populations

 Focus on 'real upstream' research; create a health research database of social, physical and cultural determinants Examine determinants of health versus determinants of disease

Broaden the definition of health

Use diabetes as a gateway to understanding chronic disease

In addition to new research, progress will require applying the knowledge we already have through increased emphasis on knowledge transfer, marketing, and policy change.

GROUP #5 Synchrotron - based Health Research

Top Research Priorities

Critical Action Steps

1. Build Scientific Capacity

New techniques

Travel to other synchrotrons

Training

Fund student, postdoctoral fellow and technical support positions related to synchrotron-based health research

Technical support

Educate new users about synchrotron potential and applications

2. Create a National Centre of

 Focal point for 'Silicon Valley' of Saskatchewan for biomedical technology development

New technologies

New collaborations

Promote biomedical engineering based on synchrotronrelated technologies as they apply to health care

Translate and spin-off technologies to start local biomedical companies

Bring together physicists and mathematicians with biological researchers of all stripes

3. Build Clinical Capacity

Retain and attract physician researchers

 Re-attract physician researchers post-fellowships Establish a Clinical Chairs Program

Use the synchrotron as a recruitment tool

Advocate for protected research time for clinicians

Synchrotron-based research is a long-term investment. Huge potential exists for learning, for interdisciplinary research and for answering questions that cannot be addressed by any other technique.

GROUP #6 Knowledge Transfer - Health Related

Top Challenges	Existing Strengths	Priorities for Action
Distrust between communities and researchers: lack of follow- up, sustainability and/or ongoing resources	Keen public interest in health and health research	Clarify what is meant by knowledge transfer in concert with communities
Need more than evidence: clear common language, time, 2-way communication with community, ethical use of information	Strong sense of community in Saskatchewan	Connect closely with communities, health professionals and researchers
Scope of research methodology and support of knowledge transfer: reaching various target groups, achieving a common understanding of definition and purpose, engaging media	Spirit of partnering among strong players in the province	Encourage institutional structures that enable knowledge transfer

GROUP #7 Knowledge Transfer - Commercial

Top Challenges	Existing Strengths	Priorities for Action
Ability to move knowledge out of the university and into the business sector	Excellent research infrastructure and opportunities for convergence	Leverage industry and other funds to grow the research base
Reaching industry: no mechanisms to take early staged research to the commercial level	Cost-competitive in terms of labor, facilities, and supplies	Develop a commercial framework for the province
Bridging the communication gap, re: market potential	Top-notch researchers	Increase connections with business
Funding to protect the research base		
Lack of a commercialization framework for the province		

GROUP #8 Capacity - Clinical Research

Top Challenges	Existing Strengths	Priorities for Action				
Dedicated time and funding for research	High degree of connectivity and tradition of cooperation in Saskatchewan	Offer research training opportunities for clinicians/students				
Having a critical mass to foster a clinical culture	Funding opportunities for clinical researchers	Create an organizational culture that supports clinical researchers (e.g., hiring practices, salary support, and job duty assignment)				
Establishing a solid training environment	Research resources: health services databases, networks, and synchrotron	Increase the value of research in health regions				
		Seek private and corporate funding to advance clinical research				

GROUP #9 Capacity - Health Research Human Resources

Top Challenges	Existing Strengths	Priorities for Action
Funding and therefore capacity in organizations to do research	Tremendous research capacity and diverse resources, albeit not all used to fullest extent	Support various types of research- intensive positions
Access to data that is inexpensive, reliable and "unfeathered"	Training and mentoring of students, particularly indigenous students	Develop a coherent strategy for recruitment and retention
Modest external reputation: requires urgent attention as it damages future prospects	Spirit of innovation in health care: long tradition of doing much with relatively little	Increase ease of access to databases through policy change
	Culture shift in universities that increasingly values research	Innovate with regard to structure and nature of databases in Saskatchewan
		Communicate strategically and effectively to audiences inside and outside of Saskatchewan

3 Reflections

Near the end of the Summit all the participants reflected on the day's sessions and discussions.

Three Summit participants were asked, in advance, to share their individual observations about key messages they heard throughout the day. The three were selected carefully to represent a wide range of perspectives and sectors.

Dan Florizone, CEO of the Five Hills Health Region, believed that the vision presented in the Health Research Strategy resonated with the Summit participants. He appreciated the inclusion of the determinants of health focus, since there is generally much more focus on acute care. He indicated that this broad perspective should also be carried more often into training for health

professionals. Florizone also stated that the theme of "strong leadership" emerged clearly from the Summit, which would help drive the research agenda into the public realm. Florizone also noted that capacity is a major issue, not only for health research but the health system. He emphasized that health workers are stretched to the limit and, while they are very interested in research and evidence-based decision making, finding time to be involved in research is a huge challenge. Florizone closed by indicating that

involvement is more likely to occur when research priorities align with health system priorities.

Mary Hampton, Professor of Psychology at Luther College, University of Regina, believed the collaborative effort of all Summit participants reflected a strong sense of pride and commitment. She saw the Health Research Strategy as a helpful map and appreciated its broad view and inclusive language. She appreciated hearing words like "innovation" and "creative edge" and being reminded about the excitement of research. Hampton felt that participants understood the Health Research Strategy better but also wondered how this message would go to a

broader audience. She observed that there are many community groups with researchable questions who don't know how to connect with researchers. Hampton believed that one of the next key steps should be the public release of the Summit discussions to increase awareness of the Strategy and health research. Hampton summed up her thoughts, saying, "The Summit allowed us to personalize the Strategy and our individual roles in it."

Jim Thornhill, Associate Dean of Research and Basic Sciences, College of Medicine, University of Saskatchewan, appreciated the emphasis of the Strategy on health research as an investment rather than an expense. He expressed some concern about whether the Strategy sufficiently

addressed the critical shortage of clinical research capacity in Saskatchewan by commenting that clinical research is vital for "taking knowledge from the bench to the bedside." Thornhill also noted the inclusion of charitable organizations in the Summit and the Strategy. He emphasized that those organizations definitely want to be part of the provincial health research agenda to pursue opportunities. He advocated that group research, which has just begun to grow in Saskatchewan, needs to be sustained. Finally,

Thornhill asked a question: "Is there any opportunity for more provincial funding for health research?" Thornhill argued that this question must be taken into account if we want to achieve the vision and goals talked about in the Strategy and at the Summit.

June Bold, SHRF CEO, wrapped up the day's events by speaking of the need for action. SHRF would synthesize all the input, comments and advice from the Summit and distribute a summary document to participants in 2005. This input will also be considered by SHRF in developing operational plans for the coming year and beyond.

- Jim Thornhill
Associate Dean of
Research and Basic
Sciences,
College of Medicine,
University of
Saskatchewan

4 Evaluation Summary

SHRF gathered evaluation feedback through a written form included in Summit packages and through conversations with various participants. Evaluation highlights are below, with direct comments noted in italics.

Participants complimented the Summit as an interactive opportunity that had a "good ambience" and "a think tank feel to it." They commented positively on their ability to make contacts, to enhance individual and collective understanding of SHRF and the Strategy, and to generate commitment to advancing the Strategy. Questions arose regarding: who's not here today, possible gaps in the Strategy, and the extent to which clear next steps were identified.

Positive Feedback

Based on the feedback from "enthused and animated" participants, the Health Research Summit succeeded in:

- increasing understanding about SHRF and the Health Research Strategy;
- · providing a welcome networking opportunity;
- starting and/or reinforcing a collaborative research and Strategy advancement process; and
- challenging people to think about the roles and opportunities for health research.

Key Messages

Consistent with the goals of the Summit, the key take-home messages from the event were threefold:

- improved understanding of the Health Research Strategy and its positive potential: "Saskatchewan has research priorities and ... a strategic plan."
- increased appreciation of the need for health research: "My key take-home message is the importance of being involved and connected. The huge task involved in coordinating such diversity, i.e., being focused while staying inclusive of all aspects of health research."
- enhanced recognition of SHRF's abilities and leadership role: "SHRF has the mandate and clout to move research forward using the Strategy."

Other Suggestions

Specific suggestions raised by participants for consideration by the SHRF Board include:

- Hosting regular gatherings Participants commented on the benefits of this particular Summit and the need for a mechanism for continued discussions: "These forums are great and this needs to occur more often."
- Collating Saskatchewan-based research activity –
 The need for greater understanding about
 current Saskatchewan-based research was
 expressed, as was the parallel challenge of
 managing such a resource: "To facilitate research
 (a) SHRF should consider collating current
 Saskatchewan research and (b) develop a webbased Saskatchewan Health Research inventory
 biannual conference on Saskatchewan research."
- Reaching the health regions The role of health regions in health research was clearly acknowledged. The importance of SHRF drawing on partners to exemplify this to, and within the regions was also noted: "It needs to be a Saskatchewan Health vision to push research within health regions."
- Sharing knowledge creatively The importance of spreading the word about health research was undisputed as was the necessity to do so in creative ways: "Resulting research outcome from public funding should be placed in the public domain. Written reports are not the best ways to communicate. Better ways include conferences, professional development workshops, and television."
- Sharing Summit insights Participants expressed an interest, indeed an expectation that Summit discussions would inform action and look forward to hearing more about specifics: "It would be very helpful to see a document on how the suggestions created today actually had an effect on SHRF policy."

Overall, the Summit was well received by participants as a valuable forum for "collective brain power" to dialogue and contribute meaningfully to the implementation of the Health Research Strategy.

5 Action Steps

The suggestions and comments received from Summit participants will contribute greatly in moving the Strategy forward. Our key message and focus for the Health Research Summit was: "While SHRF is mandated to play a strong leadership and catalytic role in effecting Saskatchewan's Health Research Strategy, ultimate success of the Strategy depends on the determination of and collaboration among numerous individuals and organizations." This guiding principle helped us shape the Summit day and will continue shaping our implementation plans over the ten-year life of the Strategy.

The immediate step after the Summit was synthesizing the many creative and practical suggestions we received to prepare this report. A copy will go to all participants, for their future reference as they work on related initiatives.

The SHRF Board and staff will reflect on the advice contained in this report and use it to refine and expand the priorities and actions in the Strategy. Some aspects will move forward quickly, especially with the additional ideas from the Summit, while others will require continued dialogue and collaborative thinking and planning over months and possibly even years.

SHRF is looking internally to ensure it is doing everything possible to support the Strategy's goals of fostering research in strategic areas, encouraging knowledge translation, strengthening research capacity, and tracking progress.

"The Summit was a great day that exceeded expectations. The SHRF Board takes its mandate very seriously in moving the Strategy forward and we look forward to being ambassadors for the Strategy and for health research."

- Liz Harrison SHRF Board Chair We have already begun aligning our research funding with the Strategy's priorities. For example, peer review and grant decision processes in the 2005 competitions have been designed to give preference to the health research priority areas, as long as proposals meet standards of quality and ethical research.

SHRF's operating plan and budget for 2005-06 incorporates elements from the Strategy, selected through the lens of advice from the Summit and, of course, with consideration for our resources. SHRF's action plans will be shared widely, on our Website, in various publications, and through in-person presentations and meetings.

We will be increasing our emphasis on external relations to explore, build and nurture partnerships that help us take the Strategy from the vision stage to the action phase, and on to outcomes that benefit the citizens of Saskatchewan.

6 Group Participants

GROUP 1: ABORIGINAL PEOPLE'S HEALTH

Nilson, Ralph, Board Member, Saskatchewan Health Research Foundation (Chair)

Werry, Bill, Executive Director, Human Services Integration Forum, Saskatchewan Learning (Recorder)

Chad, Karen, Acting Associate Vice-President (Research) and Leader, Obesity Research Group, University of Saskatchewan

Earle, Allan, Vice-President (Towns), Saskatchewan Urban Municipalities Association Ewanchuk, Ray, Chair, Prince Albert Parkland Health Region

Hampton, Eber, Board Chair, Indigenous Peoples' Health Research Centre, and President, First Nations University of Canada

Jeffery, Bonnie, Social Work, and Saskatchewan Population Health and Evaluation Research Unit, University of Regina

Klassen, Nathan, Graduate Student, Saskatchewan Population Health and Evaluation Research Unit, University of Regina

McBain, Lesley, Northern Inter-Tribal Health Authority

Rushowick, Bonnie, Director of Nursing Practice, Saskatchewan Registered Nurses Association

Smylie, Janet, Director, Indigenous Peoples' Health Research Centre, First Nations University of Canada, University of Saskatchewan

Waterer, Diane, Executive Director, Heart and Stroke Foundation of Saskatchewan

Group 2: RURAL and REMOTE HEALTH SERVICES

Hudson, Shauna, Board Member, Saskatchewan Health Research Foundation (Chair)

Horsburgh, Elizabeth, Dean, Nursing, University of Saskatchewan (Recorder)

Butt, Peter, Director, Northern Medical Services, Family Medicine, University of Saskatchewan

Dosman, James, Director, Institute for Agricultural, Rural, and Environmental Health, Medicine, University of Saskatchewan

Duggleby, Wendy, Nursing, University of Saskatchewan

Florizone, Dan, Chief Executive Officer, Five Hills Health Region

Hamilton, Charlotte, Battlefords Indian Health Center

Kouri, Denise, Executive Director, Canadian Centre for the Analysis of Regionalization and Health

McMillan, Stewart, Board Chair, Health Quality Council

Nagle, Carol, Dentistry, University of Saskatchewan

Spencer, Lee, Chief Executive Officer, Sun Country Health Region

Thomas-MacLean, Roanne, Sociology, Arts and Science, University of Saskatchewan

Schmidt, Peg. Breast Cancer Action, Saskatchewan

White, Gill, Acting Executive Director, Primary Health Services, Saskatchewan Health

Group 3: DETERMINANTS OF HEALTH INFECTIOUS DISEASE

Glavin, Gary, Board Member, Saskatchewan Health Research Foundation (Chair)

Copete, Mana, Dentistry, University of Saskatchewan (Recorder)

Bretscher, Peter, Microbiology and Immunology, Medicine, and Co-Leader, Immunology Research Group, University of Saskatchewan

Denton, Gordon, Chief Executive Officer, Kelsey Trail Health Region Dillan, Joanne, Dean, Arts and Science, University of Saskatchewan

Province of Saskatchewan

Ebbesen, Lori, Program and Evaluation Officer, Saskatchewan Health Research Foundation Findlater, Ross, Chief Medical Health Officer,

Hampton, Mary, Psychology, Luther College, and Indigenous Peoples' Health Research Centre, University of Regina

Knight, Lon, Health Information Management, Saskatchewan Institute of Applied Science and Technology

McNabb, Kim, Psychology, Luther College, University of Regina

Potter, Andrew, Chief Science Officer, Vaccine and Infectious Disease Organization, University of Saskatchewan

Skrapek, Candace, President, Saskatchewan Registered Nurses Association

Spence, Sheila, Executive Director, The Saskatchewan Association of Optometrists

Group 4: DETERMINANTS OF HEALTH -CHRONIC DISEASE

Chappell, Neena, Board Member, Saskatchewan Health Research Foundation (Chair)

Saucier, Deb, Psychology, Arts and Science University of Saskatchewan (Recorder)

Binsted, Gord, Kinesiology, University of Saskatchewan

Campbell, Janet, Office of Research Services, University of Regina

Derdal, Michele, Saskatchewan Society of Occupational Therapists

Morgan, Debra, Institute for Agricultural, Rural, and Environmental Health, Medicine, University of Saskatchewan

Oser, William, Provincial Epidemiologist, Population Health Branch, Saskatchewan Health Petry, Verda, President, Saskatchewan Seniors Mechanism

Popkin, David, Executive Director, Saskatoon Cancer Centre, and Division of Oncology, University of Saskatchewan

Primeau, Jay, Multiple Sclerosis Society of Canada

Spink, Kevin, Acting Associate Dean (Research), Kinesiology, University of Saskatchewan

Waygood, Kate, Co-Director, Community-University Institute for Social Research, and Community Development Team, Saskatoon Health Region

Group 5: SYNCHROTRON-BASED HEALTH RESEARCH

Boulton, Alan, Board Member, Saskatchewan Health Research Foundation (Chair)

Nichol, Helen, Anatomy and Cell Biology, Medicine, University of Saskatchewan (Recorder)

Carben, Svein, Director, Cancer Research Unit, Saskatoon Cancer Centre, and Division of Oncology, University of Saskatchewan

Chapman, Dean, Anatomy and Cell Biology, Medicine, University of Saskatchewan

Cutler, Jeffery, Acting Director Research, Canadian Light Source, University of Saskatchewan

Geyer, Ron, Biochemistry, Medicine, and Co-Leader, Cancer Proteomics Research Group, University of Saskatchewan

Haas, Thomas, Anatomy and Cell Biology, Medicine, University of Saskatchewan

Jaurlink, Bernhard, Head, Anatomy and Cell Biology, Medicine, and Leader, Clinical and Biomedical Aspects of Aging Research Group, University of Saskatchewan Soteros, Chris, Mathematics and Statistics, Arts and Science, and Natural Sciences and Engineering Council Co-ordinator, University of Saskathewan

Yu, Luo, Biochemistry, Medicine, University of Saskatchewan

Group 6: KNOWLEDGE TRANSFER -HEALTH-RELATED

Biss, John, Board Member, Saskatchewan Health Research Foundation (Chair)

Shanks, Jill, Saskatchewan Prevention Institute (Recorder)

Chessie, Kelly, Manager of Corporate Research, Heartland Health Region

Fulton, Murray, Director, Centre for Studies in Agriculture, Law, and the Environment, and Agricultural Economics, Agriculture, University of Saskatchewan

Maslany, George, Social Work, and Acting Director, Saskatchesvan Population Health and Evaluation Research Unit, University of Regina

Martin, Dawn, Senior Policy Analyst, Policy and Planning Branch, Saskatchewan Health

Martz, Lawrence, Associate Dean (Social Sciences), College of Arts and Science, University of Saskatchewan

Robinson, Ruth, Saskatoon Women's Community Coalition, and Chair, Consumers Association of Canada Council of Provincial Representatives

Russell, Gail, Early Childhood Development, Saskatchewan Learning

Shah, Syed, Research Scientist, Health Quality Council

Sheppard, Suzanne, Professional Leader for Physiotherapy, Saskatoon Health Region Stevenson, Nicole, Community Research Facilitator, Indigenous Peoples' Health Research

Centre, First Nations University of Canada Williams, Levis, Director, Praine Region Health Promotion Research Centre, Community Health and Epidemiology, Medicine, and Extension Division, University of Saskatchewan

Group 7: KNOWLEDGE TRANSFER -COMMERCIAL

Sanders, Hal, Board Member, Saskatchewan Health Research Foundation (Chair)

Loadman, Cheryl, Manager, Business Development, Saskatchewan Industry and Resources (Recorder)

Botting, Dale, Chief Executive Officer, Botting Leadership Corporation

Downey, Winanne, Manager, Research Services, Saskatchewan Health

Foldvari, Mananna, Associate Dean (Research), Pharmacy and Nutrition, University of Sakatchewan

Gordon, John, Veterinary Microbiology, Veterinary Medicine, and Co-Leader, Immunology Research Group, University of Saskatchewan

Hyshka, John, Chief Operating Officer, Phonomenome Discoveries

Griebel, Philip, Vaccine and Infectious Disease Organization, University of Saskatchewan

Larsen, Dernck, Research Director, Clinical Research and Development Program, Regina Qu'Appelle Health Region

O'Sullivan, Ashley, President and Chief Executive Officer, Ag-West Bio Inc

Pierson, Roger, Obstetnics, Gynecology and Reproductive Sciences, Medicine, and Co-Leader, Reproductive Science and Medicine Group, University of Saskatchewan

Schreiner, Bryan, Director, Office of Research Services, University of Saskatchewan Smith-Windsor, Kent, Executive Director, Saskatoon Chamber of Commerce

Group 8: CAPACITY - CLINICAL RESEARCH

Rousseau, Pauline, Board Member, Saskatchewan Health Research Foundation (Chair)

Reeder, Bruce, Head, Community Health and Epidemiology, Medicine, University of Saskatchewan (Recorder)

DeCoteau, John, Pathology, Medicine, University of Saskatchewan, and Division of Oncology, Cancer Research Unit, Saskation Cancer Centre, and Co-Leader, Cancer Proteomics Research Group

Graham, Tom, Health Research Development Officer, Office of Research Services, University of Saskatchewan

Griet, Lex, Chiropractors' Association of

Li, Xin-Min, Director, Neuropsychiatry Research Unit, Psychiatry, Medicine, University of Sak atchewan

MacLean, Christa, Nursing Education Program, Saskatchewan Institute of Applied Science and Technology

Nolan, Adrienne, Executive Director, Royal University Hospital Foundation

Rawlings, Norman, Associate Dean (Research), Veterinary Medicine, University of Saskatchewan Suveges, Linda, Acting Dean, Pharmacy and Nutrition, University of Saskatchewan

Thompson, Laune, Health Policy Consultant, and Board Member, Institute of Health Services and Policy Research, Canadian Institutes of Health Research

Thornhill, Jim, Associate Dean (Research), Medicine, University of Saskatchewan

Vogel, Martin, Executive Director, Saskatchewan Medical Association

Group 9: CAPACITY - HEALTH RESEARCH HUMAN RESOURCES

Wishart, Tom, Board Member, Saskatchewan Health Research Foundation (Chair)

Chase, Thomas, Associate Dean (Research), Arts, University of Regina (Recorder) Chamberlain, Craid, Dean, Kinesiology and

Health Studies, University of Regina Elliott, Sharon, President, Saskatchewan Physiotherapy Association

Henderson, Judith, Associate Dean, Humanities and Fine Arts, Arts and Science, University of

Klassen, Carol, Vice-President, Corporate Services, Regina Ou'Appelle Health Region

Jordan, Michael, Graduate Student, Political Science, Arts and Science, University of Saskatchewan

McCulloch, Robert, President, Saskatchewan Institute of Applied Science and Technology

Neudorf, Cory, Chief Medical Health Officer, Saskatoon Health Region

Stoicheff, Peter, English, Arts and Science, and Social Sciences and Humanities Research Council Co-ordinator, University of Sak afchewan

Waygood, Bruce, University Co-ordinator of Health Research, University of Saskatchewan

